


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 373071 1. Entity Name ALL-AMERICAN MOBILE HOMES, INC.	
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Principal Place of Business 4990 SW 52 ST. SUITE 201 DAVIE, FL 33314	Mailing Address 4990 SW 52 ST. SUITE 201 DAVIE, FL 33314
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1316441	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROWARS, CHARLES M
4990 SW 52 ST.
SUITE 201
DAVIE, FL 33314

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWARS, CHARLES M 4990 SW 52 ST., STE. 201 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROWARS, BARRY J 4990 SW 52 ST., STE. 201 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROWARS, CHARLES M 4990 SW 52 ST., STE. 201 DAVIE, FL 33314
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000000013122
01/25/04-80041-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Charles Rowars 1/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #